

Receipt # \_\_\_\_\_

**2005**  
**TROY RECREATION DEPARTMENT**

**ADULT TENNIS LESSONS**

**BEGINNER & INTERMEDIATE**

**at the Troy City Park (possibly Duke Park)**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ALLERGIC TO ANY MEDICATION? \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY CALL \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE CHECK SESSION:**

\_\_\_\_\_ SESSION I: (Mon., Tues. & Wed.)  
June 6, 7, 8 & 13, 14, 15  
6:00 - 7:30 pm

\_\_\_\_\_ SESSION II: (Mon., Tues. & Wed.)  
June 20, 21, 22 & 27, 28, 29  
6:00 - 7:30 pm

**WAIVER AND RELEASE**

We, the undersigned being aware of the dangers inherent to the sport of tennis, do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, the supervisory staff, or their agents or servants as a result of injuries incurred while participating in the tennis program.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(signature of participant)

**REGISTRATION FEE: \$25.00 PER SESSION**

**REFUND POLICY:** The Recreation Department will make program refunds only for the following :

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement to that effect.

**NOTE:** Minimum number of registrations to hold a session as scheduled is four (4).